

# MICHIGAN CERTIFICATE OF SPECIFIC/AGGREGATE EXCESS LIABILITY INSURANCE

TO: Michigan Department of Consumer & Industry Services  
Bureau of Workers' Disability Compensation  
Self-Insured Programs  
State Secondary Complex, General Office Building  
7150 Harris Drive (48913)  
P.O. Box 30016  
Lansing, Michigan 48909

This certifies that a workers' compensation excess liability insurance policy has been issued to the employers named below and the filing of this certificate is confirmation that the excess liability insurance policy identified below is effective on the date stated, that the policy form is approved for use in Michigan by the Insurance Commissioner and complies with all requirements in the Michigan Workers' Disability Compensation Act of 1969 and Administrative Rule 408.43k. Cancellation or intent to not renew the policy by the insurer or insured must be by courier, certified, or registered mail and sent to the Bureau of Workers' Disability Compensation not less than 60 days prior to the cancellation or nonrenewal.

Name of Insured Employers \_\_\_\_\_  
(List all self-insured employers, attach additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Name of Insurer \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

## TERMS OF COVERAGE

### Specific

Policy Limit \$ \_\_\_\_\_

Retention \$ \_\_\_\_\_

Policy Term \_\_\_\_\_  
(Years)

### Aggregate

Policy Limit \$ \_\_\_\_\_

Retention Percentage \_\_\_\_\_

Minimum Retention \$ \_\_\_\_\_

Estimated Retention \$ \_\_\_\_\_

Policy Term \_\_\_\_\_  
(Years)

\_\_\_\_\_  
(Insurer)

\_\_\_\_\_  
(Authorized Signature)